

**QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTP)
QUESTIONS/RESPONSES
UPDATED 9/21/20**

Question: If a child is not yet admitted to a FGC/QRTP setting and we want to get an LPHA eval completed on him, who picks the LPHA? DHS in conjunction with the parents? Or do we use one that is referred or recommended by the QRTP facility we think the child will be entering?

Response: The worker, in conjunction with the family, can select the LPHA. If the child has a current clinician that person can be used if they meet criteria as an LPHA. If not, the clinician at the potential QRTP can be used. This assessment needs to be completed within 30 days of placement in the QRTP.

Question: Are all the kids currently in FGGC going to get an LPHA eval prior to July 1 to document that they are eligible for QRTP services? Who sets that up?

Response: No, children currently in FGCS/QRTP are grandfathered in. Children entering QRTP July 1st or after will need the admission clinical review complete by an LPHA.

Question: My biggest question would be, if kids are admitted to group care before getting the LPHA, and they get it done within the 2-4 weeks of being there, what if the LPHA determines that level of care is not appropriate? I assume the kid will need to leave the placement, is there any protocol for how long they will have to get them out/move them?

Response: Per Federal direction, DHS must move child within 30 days of decision or we can't access IVE for balance of placement. However, if the judge reviews and agrees w/LPHA determination that QRTP is not appropriate level of care and issues a court order to move the child, this will be done immediately as it is today when a judge issues a court order.

Question: Is there anywhere that clarifies this is effective for placements made after 7/1? That kids currently in care don't need the judicial review etc?

Response: All youth currently placed in QRTP are grandfathered in and do not need the clinical assessment, etc. This process begins for youth going into QRTP level of care after 7/1/2020.

Question: I am not sure how "easy" it will be to get kiddos into QRTPs. I worry we will get everything done and apply and sit and wait for 30+ days then need to do the TOPS and everything all over again because it took longer than 30 days to get a kiddo in.

Response: Once you have the assessment pieces done, you make the referral to group care/QRTP same as today, and the provider has same timeframes to get a child into placement. QRTP's still have no eject no reject and you are not "applying" to get a child in. The assessment is really to determine the level of need for the child. You can definitely place a child in QRTP and have the assessment done after (within first 14 days), but ideally you have an LPHA determine the child actually needs that level of care first.

Question: Do these have to be in person or can they be done through thera link?

Response: Medicaid is currently accepting tele-health clinical assessments for QRTP. This will likely be adjusted after the COVID-19 pandemic.

Question: Could you please provide clarification on who is required to initiate the TOP when placing a child in a QRTP?

Response: The JCO/DHS has to start the TOP and then invite the LPHA. The initial set up pieces have to be done by DHS or JCS. Once child is in QRTP, the QRTP caseworker can “take the lead” on doing the regular 90 day reviews, inviting raters, etc.

Question: Are the new service plan form/instruction on the CISR webpage? Not sure if any of the other documents should be, maybe the QRTP assessment?

Response: These 2 reports will eventually be housed at the location below. They are currently in pilot phase and have been shared with providers via an email from the Contract Manager.
<https://dhs.iowa.gov/child-welfare-systems/implementation-information>
Other documents will be housed after pilot at <https://dhs.iowa.gov/Child-Welfare/FamilyFirst/Resources>

Question: So to make sure I have this right – QRTP clinicians on staff at the QRTPs will serve as the LPHAs who do the assessment that establishes the need for QRTP, even before we have a waiver approved?

Response: The waiver to allow QRTP clinicians to complete the assessment has been submitted to the Children’s Bureau. Until we hear differently, the assessment by QRTP clinicians is allowed.

Question: Our therapist completed our first assessment yesterday. She and I are wondering who does this get sent to. I thought there was a portal but I am not seeing that.

Response: The completed assessment should be sent via email to the referring worker.

Question: May I confirm that Post Discharge services are for all clients discharged after 7/1/20 not just ones that entered QRTP after /1/20 and then discharge.

Response: DHS youth who discharge from QRTP anytime after 7/1/2020 are eligible for post-discharge services.

Question: If a client discharges from QRTP due to going on the run is the worker to make a referral to FCS for post discharge services? I am not sure what the reasons are for not providing the services are in JARVIS. I’m just wondering what the process is to be for our workers.

Response: Post-discharge services are not required for a child who has been on run for more than 14 days. If the child is located within 14 days, if they are placed at home or other family like setting, post discharge services should be initiated.

Question: Do we only use the QRTP treatment plan for DHS referrals since Juvenile court is pushing there implementation back a few months?

Response: The updated service plan and instructions are to be used for all youth (DHS and JCS) starting 7/1/2020.

Question: Is the QRTP treatment plan and requirements only for new admits as of July 1 and not for kids placed under the old contract?

Response: The updated service plan and instructions are to be used for all youth (DHS and JCS) starting 7/1/2020. The clinical assessment is not required for youth placed prior to 7/1/2020. DHS youth discharging after 7/1/2020 are eligible for post-discharge services.

Question: I have a question about the TOPS assessment and sharing this with the therapist (LHPA) once we have one identified for the youth that is completing our clinical assessment. I have completed all my steps for the QRTP placement; I am having the LPHA who sees the child for therapy do the assessment. This is done and they feel he needs QRTP. However, when I try to share the assessment with the LPHA I cant as she is not on the list of persons in TOPS on the screen when you hit the share with therapist button.

Response: For this purpose, you are inviting them as a rater. Instead of attempting to "share with the therapist", follow the steps for inviting someone to rate the child to complete the clinical scales. These steps are outlined in the TOP Protocol at:
<http://dhssp/fo/Service/Treatment%20Outcome%20Package%20TOP/Forms/AllItems.aspx>

Question: I have a child that was in group care prior to conversion and still there today. She turns 18 in August. There is no judicial review set up as the case is set to automatically discharge on her 18th birthday. The question is then do we still need to go through the process of having the group care clinician do the assessment within 30 days, TOP assessment, etc. and upload for court- when again the child will be discharged in August no matter what as she ages out!

Response: No, new clinical assessment process only applies to children placed after 7/1/20. Those in care do not need to go through the process. The clinical assessment just needs to be completed for the initial judicial review (at w/in 60 days of placement), not each time there is a hearing. For the other hearings while a child is in care the team should just be updating the TOP clinical scales/writing a caseplan/etc.

Question: Who makes the referral for FCS prior to the child's discharge from QRTP? Normally that would seem like a thing for DHS to do, but since the FCS are delivered via an MOU between the QRTP and the FCS, we weren't sure we were really the one to refer.

Response: DHS makes the referral for FCS 14-30 days prior to discharge from the QRTP.

Question: Does DHS open a service line for the FCS? Are we actually paying for it or is the QRTP agency?

Response: Yes, it is paid via a normal FCS case and should be opened in FACS similarly.

Question: If DHS closes our case before the six months is up, do the aftercare services continue? (And if they are paid via our open service line, can we actually close the case?)

Response: It would be best practice to have discussions with our court parties and judges on changes that will be coming when our services look different then they have in the past. Discussion should revolve around the Department keeping supervision for an additional 6 months (post QRTP). If a judge closes the case against DHS recommendation, we would follow that order as we do any other order and ask the family to participate voluntarily with services to meet the guidelines. If the family refuses to participate, you would need to assess if there are any safety issues and consult with your county attorney. If there is no other recourse, the case may have to close. DHS should inform both the FCS agency and the QRTP the child discharged from that the case is closing and the reason for closure (court order) for documentation purposes.

Question: The Clinical Assessment Form. Is this something I need to send to the therapist, if so where do I find it?

Response: If it is a community therapist and not one located at our shelters or QRTP's, they won't necessarily have the form and it should be provided to them. This document is located at: **FCS/QRTP Library**

UPDATED 8.12.20

Question: Can the QRTP Clinical Summary form be expanded to give more room to write under the Justification section?

Response: This form was edited and updated to allow for more room to write. The new form was sent out to the field on August 6, 2020.

Question: After the clinician completes the assessment, are they just sending the summary form to the worker?

Response: After the clinician completes the assessment, they should send the QRTP Clinical Summary Form and the date the TOP was completed to the referring worker. They can also include any narrative or write-up explaining the assessment as well.

Question: Who makes the referral to FCS for post-discharge services? Since QRTP is responsible for ensuring it takes place, do they make the referral?

Response: DHS makes the referral for FCS 14-30 days prior to discharge from the QRTP.

UPDATED 8.31.20

Question: Do you know when in the case flow DHS will know exactly who the FCS provider for PDS will be?

Response: FACS will assign one of the two FCS contractors based on who is next up (unless there is a necessary override). Once the DHS SWCM completes the assignment screen in FACS, the SWCM will know which contractor will provide the post discharge services and can then provide that information to the QRTP.

Question: If a child had been placed in group care prior to 7.1.20, and then the group care placement transitioned over to a QRTP, does a judicial review need to occur at the next review hearing?

Response: The QRTP judicial review process is for children who were placed in QRTP's on or after the official go-live date of 7.1.20. Children placed prior to that date are not required to have the formal judicial review.

UPDATED 9.21.20

Question: QRTP Provider received a JCS referral today for QRTP requesting a clinical assessment. While we have had QRTP referrals from JCS since July 1st, this is the first requesting a clinical assessment. Has there been a change? Should we complete the clinical assessment? Does this also mean this JCS youth is eligible for PDS?

Response: Starting September 1, 2020 JCS will be rolling out pieces of the QRTP process with their staff. The clinical assessment process is one piece that JCS will be utilizing starting September 1, 2020, however Post Discharge Services for JCS youth are still being explored and are not yet ready for roll-out.

Question: Is it necessary to do the PSB screening tool if we are doing the Clinical Summary and having the LPHA give the recommendation for level of care?

Response: Yes. The clinician should be determining need for not only general level of care (QRTP via the Clinical Summary) but for this specialized population, that they need the specialized Problematic Sexualized Behavior bed as well (PSB screening tool process).

Question: In this statement, is overlap considered while the child is still in placement or when they are discharged? **“Solution Based Casework and Solution Based Casework - QRTP Aftercare Services** should not overlap with a QRTP or Shelter placement for more than 30 days. If services continue beyond that point, the SBC provider will be required to enter a DHS Approval Date and SBC Exception Reason in the Provider Portal. An alert and email notification has been added to notify the SWCM, SWCM Supervisor, and Assigned SBC Provider Worker when an overlap has occurred for 23 days. The email notification will be sent to all three recipients on the same email so that a determination can be made regarding the date of service closure prior to the 30 day mark.”

Response: Overlap refers to while the child is placed in shelter or QRTP.

Question: There seems to be confusion on who needs to be doing TOPS. I was under the understanding that the referring worker does one, our case manager (social worker) has the youth complete it, and the clinician completes it. Am I wrong on this? Does the clinician also have to be present when the youth completes it? Once we have completed the summary form, do we just have it faxed over to the referring worker?

Response: For the QRTP clinical assessment, the clinician is the only required person that has to do an administration of the TOP. It provides a more robust assessment if others (youth, referring worker, and other team members) complete it, but it is not required. Once the assessment is completed, send all info (email or fax) to the referring worker (summary form, date TOP completed, and any supporting documentation).